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CONFIRMATION NO. 9349

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<b>CONTINUING DATA</b> This appn claims benefit of 60/463,774 04/18/2003				
<b>FOREIGN APPLICATIONS</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>06/26/2004</b>				
Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 0	TOTAL CLAIMS 16
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance			INDEPENDENT CLAIMS 1
Verified and Acknowledged	Examiner's Signature	Initials		
<b>ADDRESS</b> 23914				
<b>TITLE</b> Thyroid receptor ligands				
FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		